

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000032778

Entity Name: SHACKELFORD MEDICAL, INC.

Current Principal Place of Business:

3828 DANFORTH DR. W
JACKSONVILLE, FL 32224

Current Mailing Address:

3828 DANFORTH DR. W
JACKSONVILLE, FL 32224 US

FEI Number: 46-2533635

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHACKELFORD, TRACY
3828 DANFORTH DR. W
JACKSONVILLE, FL 32224 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name SHACKELFORD, TRACY
Address 3828 DANFORTH DR. W
City-State-Zip: JACKSONVILLE FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACY SHACKELFORD

PRESIDENT

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date